

# Linking Actions for Unmet Needs in Children's Health

NEW JERSEY STATEWIDE NETWORK FOR CULTURALCOMPETENCE Annual Conference
November 9, 2015

"Improving Trauma-Informed Care and Services for Diverse Populations:

Best and Promising Practices"

### **Presenters**

Andrea O'Neal, NJ Project LAUNCH Coordinator

Department of Children and Families - Division of Family & Community Partnerships

Karen Benjamin, Essex LAUNCH Project Director

**Essex Pregnancy & Parenting Connection** 

Rev. Ronda Littleton-Johnson, Essex County Council for Young Children Program Coordinator

Programs for Parents

Krista Zuccheri, Chief Operating Officer Family Connections

Dr. Manuel Jimenez, Assistant Professor of Pediatrics & Family Medicine and Community Health

Child Health Institute of NJ

Dr. Gerard Costa, Clinical Mentor Director and Senior Lecturer Center for Autism and Early Childhood Mental Health College of Education and Human Services Principal Investigator, New Jersey Autism Center of Excellence Coordinating Center Montclair State University



### Workshop Objectives

**Objective #1**: Learn how Project LAUNCH and local partners are addressing lifespan trauma in culturally diverse and immigrant families in Essex County through promotion and prevention efforts.

**Objective #2**: Understand how we are coordinating partners to develop an effective feedback loop with direct service providers in Essex County. Integration of systems and high quality services in order to decrease disparities and increase access to care will be addressed.

**Objective #3**: Learn about the services and supports that are available in Essex County. Examples of evidenced-based programs that address trauma and cultural diversity will be provided.

### NJ Project LAUNCH

Project LAUNCH pays particular attention to the social and emotional development of young children, and works to ensure that the systems that serve young children (including early child care and education, home visiting, and primary care) are equipped to promote and monitor social and emotional development, and intervene to prevent mental, emotional and behavioral disorders in early childhood and into the early elementary grades.





Long-term goal: For all children to reach social, emotional, behavioral, physical, and cognitive milestones – to thrive in school and beyond

Population of focus: Children from birth to 8

 Funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)



- Five-year grants to states, tribes, territories and local communities
- New Jersey Department of Children and Families
   –was funded in October 2013





### Framing the Issue

- Children need a safe, supportive environment to grow and learn
- Health disparities are addressed by creating a shared vision among community members
- Mental health is now at the forefront when talking about early childhood development
- Essex County is one of most diverse counties in New Jersey
  - Total population: **795,723** (2014 Census)
  - Approx.10,534 births per year (2011 New Jersey State Health Assessment Data)
  - % of preterm births in Essex was 11.5 for all compared with 9.9 in NJ (9.7 for White mothers, 13.5 for Black or African American mothers)
  - % of very low birth weight infants in Essex was 2.6 for all compared with 1.7 in NJ (1.0 for White mothers, 3.4 for Black or African American mothers, 3.5 for all other races)
  - 34% of people age 5+ speak a language other than English in the home (2014 Census)



### Reaching Our Goal - Using Three Guiding Principles

### Holistic Perspective

Wellness means thriving in all developmental domains

### Public Health Approach

 Wellness for the whole population; emphasizes prevention and promotion

## Ecological Framework

 Wellness requires children to be living in safe, supportive homes, schools and communities

# SAMHSA's Project LAUNCH Sites Key Characteristics

HOLISTIC PERSPECTIVE | ECOLOGICAL FRAMEWORK | PUBLIC HEALTH APPROACH

FAMILY-CENTERED | CULTURALLY AND LINGUISTICALLY COMPETENT



- Overarching Goal Promoting Young Child Wellness (to age 8)
- Public Health Approach with a focus on prevention/promotion (not mental health treatment)
- 5 Required Core Strategies
  - Screening & Assessment (with valid tools) across settings – primary care, HV, Head Start/EHS, child care, education, child welfare, etc.
  - Integration of behavioral health into primary care settings
  - Home Visiting (HV) enhanced focus on social-emotional well-being
  - Mental health consultation
  - Family strengthening and parent skills training
- Dual Focus on Systems and Services

### **National Project LAUNCH Priorities**

- 1. Promote positive early childhood development, including positive parenting and violence-free homes.
- 2. Facilitate social connectedness and community engagement across the lifespan.
- 3. Provide individuals and families with the support necessary to maintain positive mental well-being.
- 4. Promote early identification of mental health needs and access to quality services.
- 5. Reduce/eliminate racial and ethnic health and well-being disparities.

### NJ & Essex Project LAUNCH Structure

#### **State Level Structure**

- DCF FCP Lead
  - Project Director Sunday Gustin
  - PLNJ State Coordinator/Young Child Wellness Expert Andrea O'Neal
- DOH FHS Co-Leader / Key Partner
  - Young Child Wellness (YCW) Partner Anna Preiss

#### **Local Level Structure**

- Essex Pregnancy & Parenting Connection (EPPC)
  - Prevent Child Abuse NJ Local Project Director, Karen Benjamin
- Local Coordinator Sara Lewis
- Integrated with EPPC "Central Intake"
- Essex County YCW Advisory Council

**PLNJ/Essex Evaluator** – Johns Hopkins University

### PLNJ Structure - continued

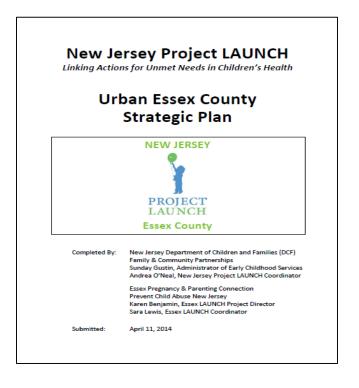
- State Level Alignment with other key Early Childhood Initiatives
  - Early Learning Commission DOE, DHS, DCF & DOH
  - EC Interdepartmental Workgroup 4 core departments
  - NJ Council for Young Children (NJCYC)
  - Early Childhood Comprehensive Systems/Help Me Grow (ECCS/HMG)
  - Improving Pregnancy/Birth Outcomes (DOH)
  - Early Intervention System (DOH)
  - Communities of Care (SPAN)
  - And more...

#### Local Alignment

- EPPC Central Intake Local Advisory Board (expansion)
- DCP&P Partnership, Community and Parent Groups, and more...
- Essex County Council for Young Children (Programs for Parents/SPAN)

### NJPL/Essex LAUNCH

#### **New Jersey Project LAUNCH** Linking Actions for Unmet Needs in Children's Health **Urban Essex County Environmental Scan NEW JERSEY** PROJECT LAUNCH **Essex County** Completed By: New Jersey Department of Children and Families (DCF) Family & Community Partnerships / Sunday Gustin, Administrator of Early Childhood Services Andrea O'Neal, New Jersey Project LAUNCH Coordinator Essex Pregnancy & Parenting Connection Prevent Child Abuse New Jersey Karen Benjamin, Essex LAUNCH Project Director Submitted: February 1, 2014





### **Essex Project LAUNCH Programs and Initiatives**

### - Newark, Irvington, East Orange, Orange

#### **NJ Project Launch**

- Essex Parenting and Pregnancy Connections (EPPC) Essex County
   Central Intake access and linkages to EC programs and services
- Educating Physicians in the Community (EPIC) promotion of developmental screening within (5) Physician Practices
- Promoting healthy social emotional development through Evidence Based Practices (EBPs):
  - Montclair State University Circle of Security, Zippy's Friends & Brazelton Touch points
  - Family Connections Incredible Years
  - MCH Partnership Active Parenting
  - La Casa de Don Pedro Legacy for Children



Karen Benjamin
Essex LAUNCH / Central Intake Project Director
Essex Pregnancy & Parenting Connection (EPPC)

### **Project LAUNCH Objectives**

Increase access to screening, assessment and referral to services for children and families

Expand use of culturally relevant, evidence-based prevention and wellness promotion practices

Increase integration of behavioral health into primary care

Improve coordination and collaboration across disciplines at the local, state, tribal, territorial and federal levels Increase workforce knowledge of children's social and emotional development and preparation to deliver high-quality care

### Essex County Central Intake & Comprehensive System

### Community Outreach Women and Families of Childbearing Age

Community Health Worker/SPAN Local Health & Social Services Free & low cost Pregnancy Tests (Healthy Start, FQHC, others)

### 2. Screening, Early Identification and Referral for Individual & Family Needs

**Pregnancy/Birth:** Routine Screening & Referral (PRA)

- Prenatal Clinics / FQHCs / Birth Hospitals / Private OB/GYNs
- WIC sites / Local Health Agencies
- School-Based Programs
- Social Service Agencies
- Self-Referral by Expectant Parents / Families

#### Children Birth to 5 Yr: Developmental Screening & Referral

- · Parents and Families
- FQHC / Clinics / Medical Home--Pediatric/Family Practice
- WIC / Local Health Agencies
- CCR&R (Child Care Resource & Referral Agencies)
- Early Head Start/Head Start
- Family Childcare Providers / Childcare Centers
- Preschools / Elementary Schools
- Early intervention partners (Part c/Part B)
- Social Service Agencies
- Child Welfare / Child Protective Services

#### Women of Childbearing Age & Other Individuals:

Community Health Screening

- Primary Care / FQHCs / Clinic & Private GYN / Hospitals
- Local Health Agencies / WIC sites
- School-Based Programs (for adolescents)
- Social Service Agencies / Child Welfare Services
- · Self-Referral by Women / Families / Individuals

### 3. Central Intake-Single Point of Entry Essex Pregnancy & Parenting Connection (EPPC) 973-621-9157

www.essexpregnancyandparenting.org

For access to: Resource Information, Initial Assessment, Prevention Education, Service Linkages, and Medical Home

Local advisory board - Essex County Council for Young Children

#### 3a) Pregnancy & Birth to Age Five

Families are assessed for most appropriate service:

#### 4. Infant/Child Community-Based Services

#### Home Visiting - Evidence Based Models

- Healthy Families (HF): Prenatal (PN) to age 3 (2 sites)
- Nurse-Family Partnership (NFP): PN to age 2
- Parents As Teachers (PAT): PN to age 3
- Early Head Start-Home Based: PN to age 3

#### Healthy Start Initiative: PN to age 2 (2 sites)

#### LAUNCH-funded Evidence Based Programs (EBPs)

- Circle of Security: parents of children age 0-3
- Incredible Years: preschool children: classroom-based
- · Zippy's Friends: kindergarten; classroom-based
- Active Parenting: parents of children age 5-8

#### Community-Based Infant & Child Care Providers

- Programs for Parents (CCR&R)
- Early Head Start & Head Start Programs
- · Licensed Centers / Registered Family Child Care

#### Children & Families with Special Needs:

- Early Intervention (REIC) Part C (birth to age 3)
- Special Education Part B (age 3 and up)
- Special Child Health Services Case Management
- SPAN Family Resource Specialists

Other Local Programs: Family Success Centers (FSC), Local Public Health Agencies, SPAN, etc.

#### 3b) Individuals & Families

may be referred directly to other providers and community-based services, as appropriate

### 5. Community-Based Services

#### Essential medical & social supports

- Medical Home/Primary Care
- Depression & Mental Health (adults)
- Addiction Treatment (adults)
- Child Behavioral Health and Developmental Disabilities / CMO
- Domestic Violence Services
- WIC Nutrition Program
- Infant & Early Childhood Mental Health (IECMH)
- Family Success Centers
- Fatherhood Support
- Parent Education & Support / FSO
- Kinship Navigator
- · Childhood Lead Poisoning
- Women's Services (DOW)
- Local Health Agency
- SCHIP/Health Insurance
- Public Assistance/County Welfare
- Emergency Assistance
- Housing/Transportation
- Food/SNAP program
- Immigration Services
- Illingration Services
- · Strengthening Families
- School-Linked Services
- · Child Protective Services
- And more...

### Why is Central Intake Important?

Integrate health care, child care, education and family support services... such as Home Visiting, Improving Pregnancy Outcomes, Help Me Grow, and Project Launch and other community-based services...

Central tracking reduces duplication of services

Support families to... improve prenatal care, birth outcomes, early learning, medical home, preventative care and other supports

Strengthen communities to... prevent Infant Mortality and Child Abuse & Neglect



### EBHV: How do families get services?

#### **Systems-Building in New Jersey – Central Intake**

- Increase prenatal referrals to reach families earlier (voluntary)
- Help local EBHV programs reach capacity
- Coordination between HV models & links to other services
- Eliminate duplication of services & use resources effectively

#### **Key Features:**

- Local Coordinating Agency Central Intake function
- Local Community Advisory Board (providers & participants)
- Universal Prenatal Risk Assessment (PRA)
- Core partners—prenatal / behavioral / health providers, EBHV, social services, early childhood (interagency agreements)
- Enables EBHV program staff to focus on home visiting
- Feedback loop for incoming and outgoing referrals



### **Community-Based Referrals**

Medical Home/Primary Care	Family Success Centers	Emergency Assistance
Depression & Mental Health Treatment (adults)	Fatherhood Support Programs	Housing/Transportation
Addiction Treatment (adults)	Parent Education & Support	Food/SNAP program
Child Behavioral Health and Developmental Disabilities (CSOC - Perform Care)	WIC Supplemental Nutrition Program	Infant & Early Childhood Mental Health (IECMH)
Domestic Violence Services	Local Public Health Agency	Strengthening Families Protective Factors
Childhood Lead Poisoning	SCHIP/Health Insurance	School-Linked services
Immigration Services	Public Assistance thru County Welfare Agencies	Child Welfare/ Child Protective Services
	And more	



### **Putting Objectives into Action**

Evidence-based prevention and promotion activities

- Address children/families at risk before problems emerge and build on strengths to promote resilience
- Measure well-defined outcomes for children and families

Cross-training; workforce development; communications

• Ensure that all community members share a common knowledge of social/emotional development and a common vision for child wellness and quality services

Cross sector collaboration and systems integration

- Partnerships across the federal, state/tribal/territorial and local levels
- Resources are shared, used efficiently, and aligned with LAUNCH strategic plans

Family-centered and culturally competent practices

- Include families as partners and leaders
- Value the cultural and linguistic richness and diversity within communities

### **Prevention and Promotion Strategies**

Each grantee implements or expands evidence-based programs and practices in five key areas:

Screening and assessment in a range of child-serving settings

Integration of behavioral health into primary care

Mental health consultation in early care and education

Enhanced home visiting through focus on social and emotional well-being

Family strengthening and parent skills training

### **Systems Integration Activities**

#### SAMHSA

- Partners with ACF, HRSA, and CDC
- Develops additional governmental and private partnerships that mirror collaboration at the state/tribal and local levels

## Councils on Young Child Wellness

- Engages key players across child-serving systems
- Promotes coordination and collaboration among partners and all stakeholders

### **Councils on Young Child Wellness**

- Unite stakeholders at state and local levels, across the child-serving systems to create a shared vision of young child wellness
- 2. Bring together providers, parents, and other stakeholders to plan and oversee local implementation
- Conduct an environmental scan to map existing resources, unmet needs, and areas for collaboration
- Develop a strategic plan to prioritize goals and objectives, timelines, and benchmarks for success
- 5. Help ensure that programs address behavioral health disparities through strategic planning and implementation

Rev. Ronda Littleton-Johnson Essex County Council for Young Children Program Coordinator Programs for Parents

## Essex County Council for Young Children Birth to 8 – Make It Great!

Programs for Parents, Inc.
Statewide Parent Advocacy Network (SPAN)
Essex Pregnancy and Parenting Connection @ PCA
Essex County College



Funded by the New Jersey Department of Children & Families

### **Our Partners – Funders**









### What are County Councils for Young Children?

## New Jersey Receives \$43 million Race to the Top Early Learning Challenge Grant

- Funding supports early education systems development
- Family Engagement and Health Connections
- Establish County-level parent led Councils for Young children

### **Essex County Council for Young Children**

### The Vision

- General Council
- Steering Committee
- Local Councils East Orange, Orange and Irvington, Balance of County



### **Parent Leadership**

LEADERSHIP is a combination of Mindset, Behaviors, Skills, and a Cause.

LEADERSHIP is more an Attitude than it is a Position.





### **Doing the Work Together**

- Informing
- Networking
- Collaborating
- Transforming



### "THE PARENT AS LEADER"



## What Role Can You as a Parent Play Within The Council?

# STEERING COMMITTEE Parents Parents Stakeholders Parents Stakeholders

Krista Zuccheri Chief Operating Officer Family Connections



### Project Launch Evidence Based Practices

Incredible Years (IY)

Overview of the three core IY components and outcomes

Home Visiting

 Description of Home Visiting and overview of Parents As Teachers

Delivery, Access, and Coordination

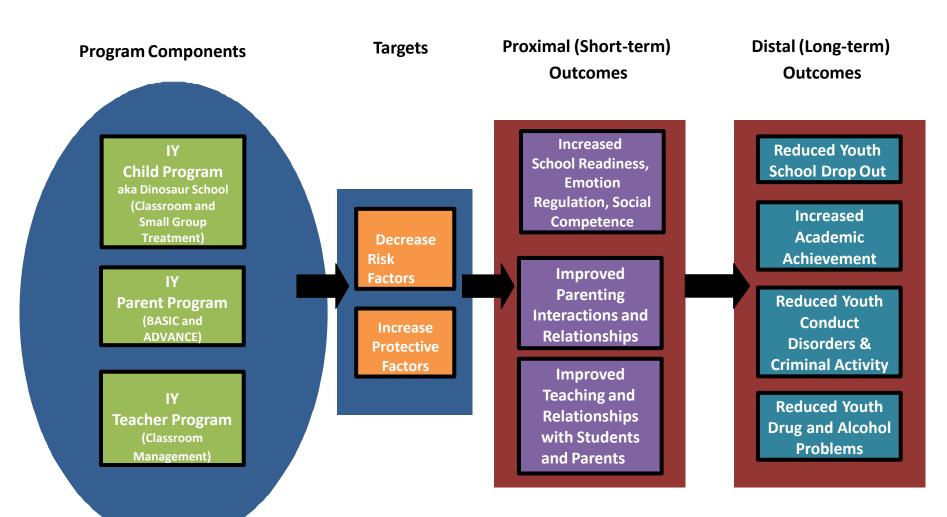
 Implementation and Teaming Approach that supports the goals of Project Launch

#### The Incredible Years Parent, Child, and Teacher Programs

Program developed by Carolyn Webster-Stratton, Ph. D., Professor and Director of the Parenting Clinic at the University of Washington.



Logic Model created by the Evidence-based Prevention and Intervention Support Center (EPISCenter) at Penn State University and Carolyn Webster-Stratton, Professor, University of Washington



Evidence based programming with a primary delivery strategy of home visiting, on a voluntary basis to pregnant women and/or children from birth to age 5, and their families.

#### Outcomes focus on:

- improved maternal and child health;
- reduction in abuse and maltreatment;
- improvement in school readiness and achievement;
- early detection and intervention for developmental concerns;
- increase in family safety and economic self sufficiency;
- improvement in coordination and linkage to community supports and resources.

## Parents as Teachers (PAT)

#### Evidence Based Home Visiting Model

- PAT is one of four evidence based home visiting models in Essex County, enrolling prenatally through age three
- · Parent Educator training is early, intensive, and ongoing

## Core PAT Values and Components

- "Parents are their children's first and most influential leaders"
- Personal Home Visits, Group Connections, Screening, Resource Linkage

#### PAT Approach

 Parent Educators use PAT curriculum to deliver services with a focus on: parent-child interaction, developmentalcentered parenting, and family well-being

#### Quality Assurance, Improvement, and Innovation

- PAT model and State deliverable expectations
- · Ongoing program and staff professional development
- Home Visiting Collaborative and Innovation Network



## How are we supporting the goals of Project Launch?

#### **Teaming Approach**

- · Teaming and collaboration is a priority
- Communication and feedback across and from all stakeholders
- Shared goal(s)

#### Implementation

- In-community, in-home, in-school,
- Language capacity (Creole, English, Spanish)
- Early empowerment, intervention, and support

#### Sustainability and Spread

- Training and Coaching for Sustainability (i.e. Teacher Classroom Management Training)
- Skill Building and Knowledge
- Expansion and additional community locations

Dr. Manuel Jimenez Assistant Professor of Pediatrics & Family Medicine and Community Health Child Health Institute of NJ

### Adverse Childhood Experiences Studies

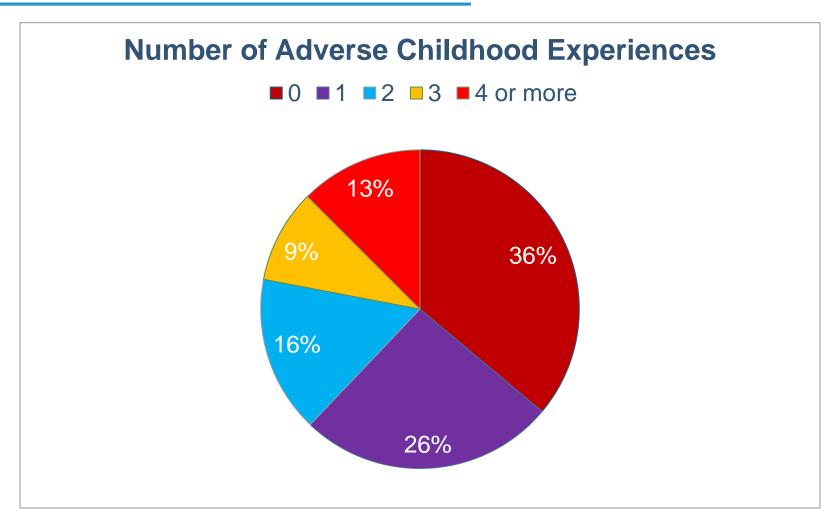
 Since 1999, several studies have demonstrated associations between adverse childhood experiences (ACEs) and poor health outcomes (Felitti, 1999)

 More recent studies link ACEs with poor school readiness and poor academic outcomes (Jimenez, 2015; Bethell, 2014)



http://www.cdc.gov/violenceprevention/acestudy.html

#### Prevalence of ACEs



Source: http://www.cdc.gov/violenceprevention/acestudy.html

## Adverse Childhood Experiences

#### ACEs as defined by researchers

- Physical neglect
- Emotional neglect
- Physical abuse
- Emotional abuse
- Sexual abuse
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Felitti, 2010

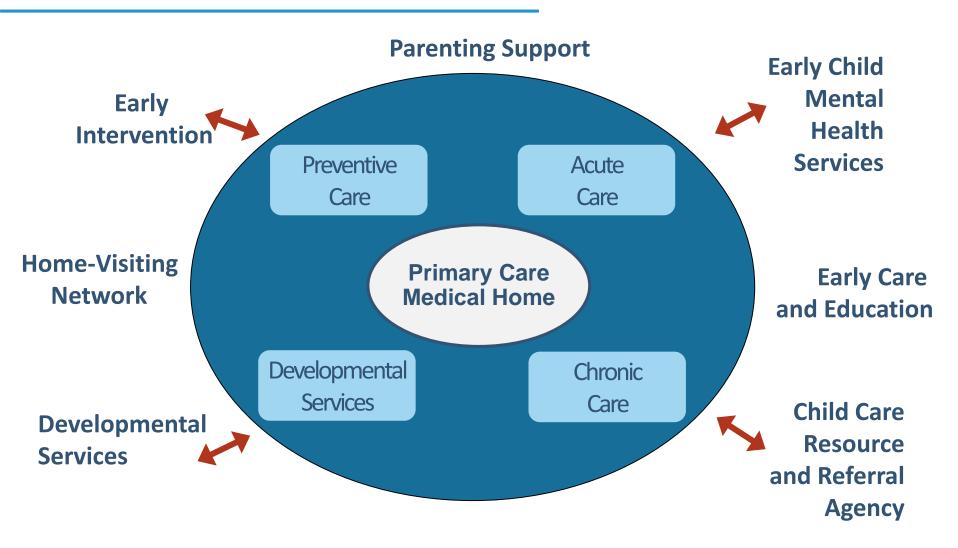
## **ACEs More Broadly Defined**

#### ACEs as defined by youth in Philadelphia

- Lack of parental love, support or guidance
- Death in the family
- Peer bullying
- Economic hardship
- Exposure to violence, adult themes and criminal behavior

Wade, 2014

## Medical Neighborhood





## Project Launch: Building a Medical Neighborhood in Essex County Meeting









helping children soar

### Pediatric Partnership Initiative Learning Collaborative





#### **Success Stories**

"A mom in my practice was going through a lot; her child has learning issues and was having difficulties with school ... Their family was displaced due to damage to their home during Super Storm Sandy ... and then their home was robbed. SPAN advocates helped the mom navigate the school system and offered to accompany her to school meetings to discuss her child's IEP. The child is doing well and recently won an award. His mother is happier and more confident. The learning session through PPI reinforced some of the community resources we knew were out there and gave us new ones to offer our patients."

NJ Pediatrician

#### **Success Stories**

"I am now aware of multiple resources where I may refer my patients for mental health issues."

NJ Pediatrician

"It's so important to learn more about this. Years ago we didn't spend any time on mental health and now it's really something we're seeing we have to work on . . . The resources you gave us are really helpful; we are using them to put together a resource binder for each of our offices so that we can refer to it to help our children and families."

NJ Pediatrician

Dr. Gerard Costa
Clinical Mentor Director and Senior Lecturer Center for Autism and Early
Childhood Mental Health College of Education and Human Services Principal
Investigator, New Jersey Autism Center of Excellence Coordinating Center
Montclair State University

# Highlight 5 Programs Center for Autism and Early Childhood Mental Health, **Project LAUNCH**

- Keeping Babies and Children in Mind (KBCM) curriculum
- Circle of Security
- Zippy's Friends
- Brazelton Touchpoints Model



Pyramid Model

We work closely with the

## The Essex Pregnancy & Parenting Connection (EPPC),

the central intake unit, in outreaching to providers and families who can benefit from these programs!

BURLINGTON

## Keeping Babies and Children in Mind- KCBM SSBG through NJDCF

From May 2014 – December 2015 Center for Autism and Early Childhood Mental Health at Montclair State University offers a series of trainings for professionals who work with infants, toddlers, young children and their families (pregnancy thru age eight), initially in the 10 counties most affected by Superstorm Sandy, now statewide.

Trainings = 7 sessions - 3 hours/each; 24 hour reflective sessions

➤ Financial support for IMH-E – Levels I and II

Staff from all sectors of public and private infant/child/school and family programs are invited to attend, including home visiting, childcare centers, Early Head Start/Head Start, Early Intervention, family child care providers, preschools, Family Outreach Program, Parent Linking Program, Project TEACH, Family Success Centers, elementary schools, and child welfare offices.

## The "Keeping Babies and Children in Mind" – KBCM Curriculum

- Emerged from long history of involvement and investment
- Activated by IECMH response to Superstorm Sandy and CPS system
- Funded through state efforts and SSBG from Superstorm Sandy, RTT-ELC and NJDCF Funding
- Aimed at multidisciplinary P-8 workforce
- Rooted in three necessities:
  - Integration of IECMH principles and practices into the nature of one's professional work
  - Critical Importance of relationship-based intervention/service
  - Reflective Practices and a "Community of Practice" ("Never alone")

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Journal of ZERO TO THREE: National Center for Infants, Toddlers, and Families



#### Responding to Violence, Disaster, and Trauma

Understanding Historical Trauma and Colorism

> Trauma-Informed Early Intervention

Early Childhood Policy Implications

Fostering Resiliency and Recovery

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#### "Stronger Than the Storm"

Keeping Infants and Young Children in Mind During the Response to Superstorm Sandy

> GERARD COSTA KATHLEEN MULROONEY

Mont clair State University

NICCI SPINAZZOLA Richard Hall Community Ment al Health Center Somerset County, New Jersey

magine the sounds of winds howing, the deafe ning sounds of strong rain hitting the roof and windows, then suddenly everything goes dark and cold as the power has been lost. Premist maneuvering through the house with flashlights and candles. The pounding of police and emergency responders at the door telling families to leave their homes. The panicked look on parents' faces as they try to pack up children, pets, and belongings, rushing to get to shelter before the roads all close. The overwhelming feeling of fear and worry about what will happen next.

Now imagine a week later, families still in temporary shelter at local schools or with familyor friends-needing to assess their damage, contact insurers and the Federal Emergency Management Agency (FEMA), and possiblyget backtowork-but without the child care supports they had been accustomed to because so many centers or provide ra have also be en impacte dby the damage. The fear and uncertainty experienced during the storm itself remain, now accompanied by growing frustration-some of which is triggered by the demands of a dependent and fright ened young child or a baby who cries at the strangeness of it all-the faces, sounds, amells, disruptions in routines, or changes in the way that Morrmy talks, holds, and boks. Those centers which have not withstoods evere damage are trying toac commodate more children and families whom they do not know and who are in "brisis" mode. Remilies and child care providers are operating at interselevels of emotion and survival.

#### What About the Babies?

HE DESCRIPTIONS ABOVE CAPTURE the effects that many experienced through SuperstormSandy.While emergency prepared to a and response protocols, search and rescue, and search and recovery operations have been developed and rehearsed, as Selma Praiberg often asked, "What about the babie si" Considering the examples shared above, it is important to look at how exposure to high levels of stress ort rauma canaffect families with infants and young children and can affect the systems of care designed to support families such as early child care and education, medical and hospital providers, and other social service and support networks. It is important to understand that Sandy and the disaster events experienced surrounding that storm encompassed not only hurric ane and hurricane-forcewinds and flooding, but also an earthquake and a nor least or bringing snow and more rain. What might seem like a single

#### Abstract

Superseorm Sandy his the coast of New Jersey with deadly force causing hundreds of miles of coaseline damage, loss of homes, property and road damage, and power outages throughout the region. Despite the state's strong grams and responders have Utele background in supporting the needs of Infanes and very young children in the wake of natural disasters, Likewise, support for early child care centers and family care providers needed to become a greater priority in target-Ing response. The Center for Autism and Early Childhood Meneal Health at Moneclair State University and the Naw Jersey Association for Infant Montal Health took the lead in conven-Ing key stakeholders throughout New Jersey and Early Head Stary/Head Start to provide awareness building, eraining, and referrals eargeeings ory young children. This article outlines the need for a special focus on infants and young children after a disaster and the offerts in New Jersey to engage mes saging around the needs of Infants, toddlers, and their caregivers in the face of the storm.

November 2013 ZerotoThree 55

## Goals of KBCM

- To "raise the floor" of knowledge and practice for all who work with infants, toddlers, children and families.
- ► To emphasize the interpersonal process especially affect, gesture, movement, pacing, voice in promoting human development AND in responding to infants, children and families surrounding trauma.
- To provide core knowledge in 7 critical domains of "knowing"
- ▶ To promote "transformative" thinking and acting in participants.

## Objectives of KBCM

- ► To deliver 21 hour workshop series to at least 1000 participants in the 10 coastal counties most affected by Superstorm Sandy.
- ► To offer 9 statewide "Reflective Practice" series (each twelve, 2-hour sessions) to participants of KBCM.
- To promote applications to the newly adopted NJ-AIMH Competency Guidelines and Endorsement System (www.nj-aimh.org)

## 21 Hours Series Seven, 3-hour sessions

- In the Beginning: What Happens Early Matters
- Infant and Early Childhood Development
- 3. The Language of Behavior
- 4. Encountering Early Stress and the Power of Meaningful Connections
- 5. Relationship-based Practices
- 6. Me, My Family, My Community
- 7. Reflective Practices: Caring for Ourselves

## KBCM by the numbers

- 1,860 unduplicated individuals participated in the series
- ▶ 65% of all participants (1,200) attended 4 or more workshops
- 40% (735) attended the entire series of 7 workshops
- 374 respondents completed Pre-Post Surveys
- 226 respondents of these respondents completed a "Follow-up" survey (between 2 and 4 months post series)
- 1,294 respondents completed a demographic questionnaire

# Demographic Profile (n=1,294) Selected

- > 23% had a CDA
- 15% had a teacher certification
- 27% had HS or GED
- 24% work or have worked in home visitation
- 20% work or have worked in El
- ▶ 10% work or have worked in EHS/HS
- 25% serve prenatal/pregnant families
- ▶ 61% work with infants
- 65% work with toddlers
- ▶ 59% work with preschoolers
- Average experience: 12.3 years

## Data Collection Tools

- Pre-post survey for those who completed all 7 workshops, with 42 items, in 10 areas, assessing knowledge, confidence and comfort in practice, using a 7 point scale (1= strongly disagree and 7= strongly agree) (Modeled after a 2007-8 Infant and Toddler Mental Health Training, Univ. of Ca., Infant-Parent Program, San Francisco)
- ▶ 5 open-ended questions/comments.
- 14-item demographic/state data questionnaire
- 7-item Follow-up Survey (2-4 months post series), rating and narrative section.

## 10 Categories in the Pre-Post Survey

- Infant Mental Health Guiding Principles
- 2. Early Brain Development
- 3. Infant and Early Childhood Development
- 4. Behavior and Emotion in Young Children
- 5. Developmental Context of Stress and Trauma
- 6. Relationship-based Practice
- How Culture Influences Social & Emotional Development.
- Rituals and Routines
- Efficacy of Practice
- 10. Coordination and Referrals

## Selective Results

- Post series ratings were significantly higher than pre-series at p<.05, using paired t-tests, ON ALL 42 items.
- Respondents were more confidents in skills and understanding in the 10 areas examined in the survey.
- Almost all (99%) of the Follow-up Survey indicated that KBCM training series helped them to improve parent-child interactions. 58% responded that the training helped them "a lot".
- Almost all (995) indicated that KBCM helped them address the mental health needs of infants, toddlers and young children, with more than half (51%) reporting that the training helped them "a lot".
- Over 100 IMH Endorsements through KBCM and growing!

## Next

- KBCM continues and has expanded statewide
- Funded for 2016 and......
- Integrated with Pyramid Model work in NJ and the TA/Grow NJ Kids (QRIS) system unfolding in NJ.
- ► IMH Endorsements are growing
- Part of a growing IECMH system in NJ!

# Center for Autism and Early Childhood Mental Health at Montclair State University



## Circle of Security

Early Intervention Program for Parents & Children

The 4- Day Training was offered to 42 infant and early childhood providers in Irvington, Orange, East Orange and Newark in March 2015

## Center for Autism and Early Childhood Mental Health at Montclair State University



## Circle of Security

This seminar trains professionals in the use of an <u>8 chapter DVD</u> to use in the education of caregivers in infant and early childhood settings (0-8). Attendance is limited to professionals who either currently or in the near future are in a capacity to provide this training to parents in their centers and communities. The material presented provides examples of problematic parent/child interactions in the age range of zero to five years, healthy caregiving options, and animated graphics that are designed to clarify the principles that are fundamental to COS©.

Circle of Security Parenting © utilizes decades of attachment research in an accessible process to use in a variety of settings such as group settings, home visitation, and individual counseling.

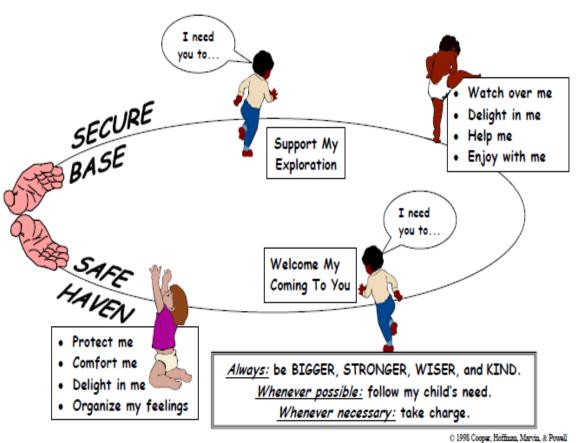
# Thanks to: Circle of Security

- Kent Hoffman
- Glen Cooper
- Burt Powell
- Robert Marvin
  - http://circleofsecurity.net/aboutus/originators-and-trainers/
- Jude Cassidy, Ph.D. Research- University of Maryland



## CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS



circleofsecurity.org





Partnership for Children

Center for Autism and Early
Childhood Mental Health

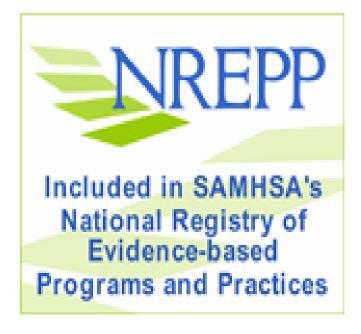
## What is Zippy's Friends?

- Zippy's Friends is
  - an International, school-based, mental health promotion curriculum for five to seven year olds, involving 24 lessons or modules organized into six themes.
  - The modules, taught by regular classroom teachers, are built around a set of stories involving "Zippy", a stick figure, and his friends.
  - ► Each educator receives a full packet with complete materials necessary to teach the program, including detailed lesson plans, colorful pictures and cards, and parent/family materials.

## Zippy's Friends

Three international studies have confirmed the remarkable benefits of the curriculum, which has been endorsed by the World Health Organization (WHO) and,

## Zippy's is enlisted in SAMHSA National Registry for Evidence-based Programs and Practices



http://nrepp.samhsa.gov/ViewIntervention. aspx?id=271

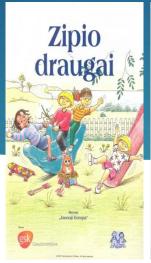
#### Zippy's Friends 6 Themes

- Feelings
- Communication
- Making and Breaking Relationships
- Conflict Resolution
- Dealing with Change and Loss
- We Cope

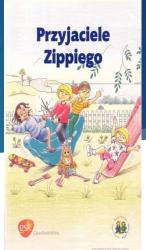
- The curriculum is designed to help children develop coping and social skills, and so has a particular relevance for children who are particularly disadvantaged or who may have mental and emotional difficulties.
- However, the program was designed from the outset to be suitable for use with <u>all</u> <u>children</u>, and most classes are in typical school settings, as part of efforts not to treat illness but to promote health.

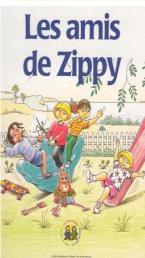
- Zippy's Friends was developed by the Partnership for Children in the United Kingdom (www.partnershipforchildren.org.uk) and is currently operating in more than 30 countries.
- The CAECMH at Montclair State University is the sole licensed provider of Zippy's Friends in the United States.









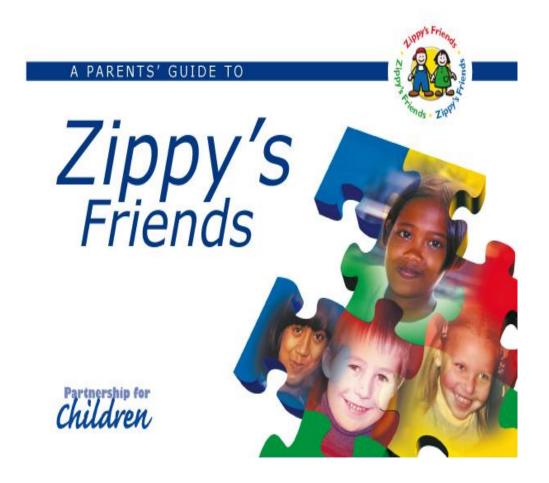








#### Parent's Guide





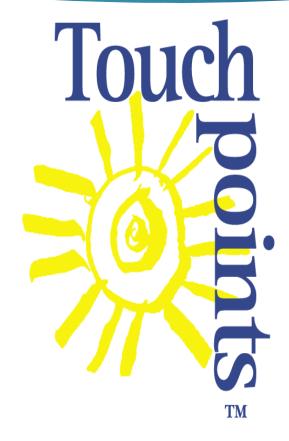
#### Zippy's Friends in NJ

- Alpine
- Closter
- East Orange
- Hackensack
- Irvington (coming)
- Newark
- New Milford
- Nutley

- Orange (coming)
- Paterson
- Ridgefield Park
- River Edge
- Teaneck
- Tenafly
- Wallington
- Children's Aid and Family Services, Paramus

LAUNCH Site

#### Brazelton Touchpoints Model



Artist: Juli, age 6

## WHAT IS THE TOUCHPOINTS MODEL?

A training model for professionals around key points in a young child's development.

It emphasizes prevention through anticipatory guidance and development of relationships between parents and providers.

## WHAT ARE TOUCHPOINTS?

"Touchpoints" are predictable periods of disorganization in a child's development that can disrupt family relations, but can also provide an opportunity for providers to connect with parents.

## WHO BENEFITS FROM THE TOUCHPOINTS MODEL?

- ► The provider:
  - enhanced information
  - strategies for parent relationships
- Parents working with Touchpoints trained providers:
  - anticipates frustrating but normal phases
- Children in the care of Touchpoints trained Providers:
  - grow up in a more sensitive environment
- ▶ The community:
  - gives a more seamless system of care

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# TOUCHPOINTS

#### Pregnancy Newborn 3 Weeks 6-8 Weeks

- 4 Months
- 7 Months
- 9 Months
- 12 Months
- 15 Months
- 18 Months
- 2 Years
- 3 Years
- 4 Years
- 5 Years

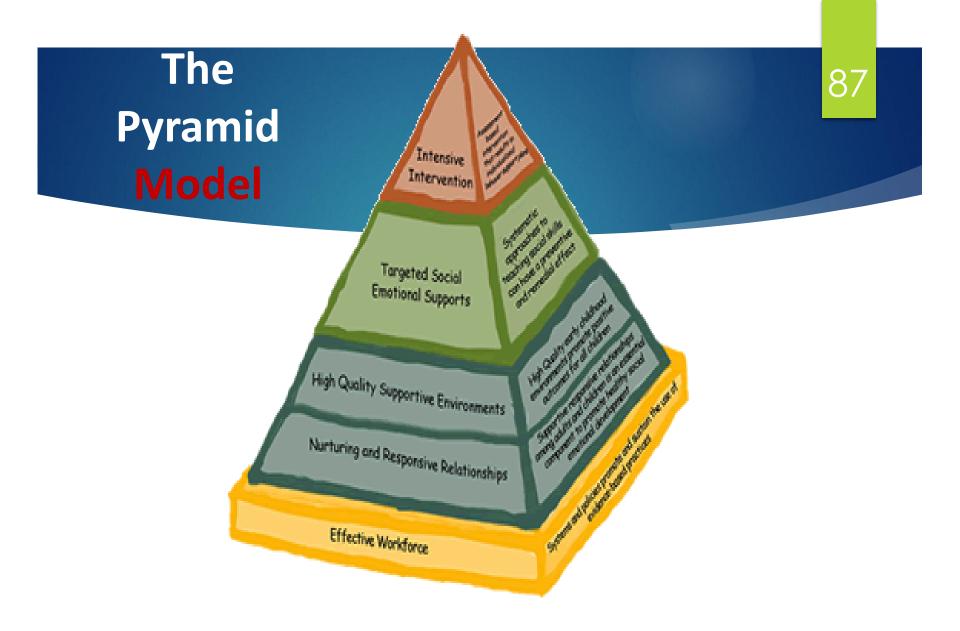
## The BTC Training in Designed for

#### Professionals in

- Infant –toddler-parent Programs
- Early Care and Education
- Early Head Start/Head Start
- Early Intervention
- Home Visitation Programs:
  - Nurse-Family Partnership,
  - Health Families,
  - Parents as Teachers
- Health, Mental Health and Social Service Programs

## Individual Level Training for Professionals

- The Brazelton Touchpoints Approach is a <u>3 day interactive</u> seminar that is designed to strengthen work with families by connecting around key points in the development of young children. By helping parents identify and expect bursts and regressions in child behavior (the "Touchpoints"), professionals can reduce parental frustration and selfdoubt while fostering the parent's enjoyment of their child and parenting skills. In the process, the relationship between the provider and the family is strengthened.
  - Brazelton Touchpoints Certificate Awarded
    - Continuing Education Units
      - All materials included
  - 6 Monthly follow up Reflective Practice sessions



http://csefel.vanderbilt.edu/

## The Pyramid Model CSEFEL

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL was a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country.

Housed at Vanderbilt University, it remains as the Pyramid Model following the end of the CSEFEL funding.

## To promote the Pyramid Model throughout New Jersey

- In 2015- A Cadre of 12 Master Trainers are being trained in the Pyramid Model. This includes targeted education in four domains:
  - Infants
  - Preschool
  - Families
  - Coaching
  - They will work with the new Training Academy Integrating the model into state systems
  - Developing a system of tracking endorsed sessions and trainers
  - Establishing funding sources for the initiative



Introduction to the New Jersey Association for Infant Mental Health Endorsement System (NJ-AIMH IMH-E®)

ENDORSEMENT FOR CULTURALLY SENSITIVE, RELATIONSHIP-FOCUSED PRACTICE PROMOTING INFANT MENTAL HEALTH

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## The New Jersey Association for Infant Mental Health (NJ–AIMH)

- The New Jersey Association for Infant Mental Health is the statewide organization for multidisciplinary professionals who work to support the relational and emotional development of families from pregnancy through early childhood.
- We promote the formation and development of multidisciplinary professionals in this field, create supportive partnerships with families, and collaborate with state-wide stakeholders to advance policies towards the betterment of infants, toddlers, young children and their families in New Jersey.

#### NJ-AIMH Endorsement – How did we get here?

- Preceded by many years of advocacy and awareness within the state on the importance of the social/emotional foundations of early learning and development
- In 2012-2013, the NJ Council for Young Children, Infant and Early Childhood Mental Health committee, included the adoption of an IMH endorsement system in the strategic plan.
- In 2013, the NJ-AIMH chose the endorsement system developed by the Michigan Association for Infant Mental Health, and adopted in 17 other states (League of States).
- In 2013, the NJCYC funded the purchase and licensing of the Michigan IMH-E Competencies and Endorsement for NJ.

## What is the intent of Endorsement?

► The intent of the NJ-AIMH Endorsement (IMH-E®) is to recognize and document the development of infant and family professionals within an organized system of culturally sensitive, relationship-based, infant mental health learning and work experiences.

#### **Four Levels**

of the New Jersey Association for Infant Mental Health Culturally Sensitive, Relationship-focused Competency Guidelines and Endorsement System for Work with Infants, Toddlers, Children, Parents, Other Caregivers and Families.

(Level I)	(Level II)	Level III)	(Level IV)
Infant	Infant	Infant	Infant
Family	Family	Mental	Mental
Associate	Specialist	Health	Health
		Specialist	Mentor

# NJ-AIMH IMH-E®: Contributing to the quality of services for infants/toddlers and families in New Jersey

New Jersey Association for Infant Mental Health

P.O. Box 43662

Upper Montclair, NJ 07043

o) 973-655-6685

f) 973-655-5376

<u>info@nj-aimh.org</u> <u>endorsement@nj-aimh.org</u>



### Closing Comments

Three Clips

# Babies are Smarter Than You Think!









#### So remember:



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## Center for Autism and Early Childhood Mental Health Montclair State University College of Education and Human Services

14 Normal Avenue Montclair State University Montclair, New Jersey 07043 973-655-6675

Email: costag@mail.montclair.edu

Fax: 973-655-5376

Website: www.montclair.edu

#### **Concluding Thoughts**

- Coordination of activities across all sectors to maximize impact & reduce duplication
- Focus on diverse family leadership & targeting diverse families & family-serving organizations
- Ensure linkages with physicians and other healthcare providers

- Creation of policies & protocols to address gaps & ensure consistency in access to effective screening
- Development & dissemination of NJspecific tools & resources to meet identified needs



#### **LAUNCH Cross-Site Evaluation**

#### Major research questions:

- 1. Does Project LAUNCH reduce risk and improve protective factors in the community?
- 2. What are the improved physical, social, emotional, and behavioral health outcomes of children 0 8?
- 3. Is there a well-coordinated, sustainable early childhood system in place?
- 4. Did NJPL and Essex LAUNCH reduce differences in access, service use, and outcomes within identified subpopulations?

#### **Sustaining Practices**

- Project LAUNCH creates partnerships between the state, and local communities
- Strategies are carefully selected to lead to large-scale, system-wide improvements
- Practices are designed to live beyond the life of the grant

#### **Contact Information**

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#### Dr. Gerard Costa, Clinical Mentor Director and Senior Lecturer Center for Autism and Early Childhood Mental Health College of Education and Human Services Principal Investigator, New Jersey Autism Center of Excellence Coordinating Center

Montclair State University costag@mail.montclair.edu; 973-655-6685

#### Learn More about



#### Visit:

http://www.healthysafechildren.org/content/project-launch

#### Project LAUNCH Strategic Plan:

http://www.state.nj.us/dcf/providers/notices/NJ.DCF.Project.Launch-Urban.Essex.County.Strategic.Plan.pdf

#### References

- Office of Early Childhood: <a href="http://www.state.nj.us/dcf/families/early/">http://www.state.nj.us/dcf/families/early/</a>
- Council for Young Children Project LAUNCH:
   <a href="http://www.state.nj.us/education/ece/njcyc/committees/infant/sub/wellness/njpl.shtml">http://www.state.nj.us/education/ece/njcyc/committees/infant/sub/wellness/njpl.shtml</a>
- Help Me Grow: <a href="http://www.helpmegrownational.org/index.php">http://www.helpmegrownational.org/index.php</a>
- Grow NJ Kids: <a href="http://www.nj.gov/humanservices/dfd/programs/child/grow/">http://www.nj.gov/humanservices/dfd/programs/child/grow/</a>
- Statewide Parent Advocacy Network (SPAN): http://www.spanadvocacy.org/node
- The Incredible Years website: www.incredibleyears.com
- Active Parenting website: <a href="http://www.activeparenting.com/">http://www.activeparenting.com/</a>
- Circle of Security website: <a href="http://circleofsecurity.net/">http://circleofsecurity.net/</a>
- Zippy's Friends website: www.partnershipforchildren.org.uk
- Keeping Babies and Children in Mind (KBCM) is a foundational training for NJ's Infant Mental Health Endorsement (EBP): http://www.montclair.edu/cehs/academics/centers-and-institutes/autism/iecmh-training-project/
- Home Visiting Definition <u>www.hrsa.gov</u>
- Healthy Families America (HFA) www.healthyfamiliesamerica.org
- Nurse-Family Partnership (NFP) <u>www.nursefamilypartnership.org</u>
- Parents As Teachers (PAT) <u>www.ParentsAsTeachers.org</u>
- Head Start Office of the Administration for Children and Families Early Learning and Knowledge Center (ECLKC) -http://eclkc.ohs.acf.hhs.gov/hslc



#### **Questions?**

